



HUMANE SOCIETY OF ALAMEDA

P. O. BOX 1571 • ALAMEDA, CALIFORNIA 94501

HUMANE SOCIETY OF ALAMEDA-SENIOR CITIZEN AGREEMENT ANIMAL ADOPTION

To encourage and facilitate animal adoption from the City of Alameda Animal Shelter located at 1590 Fortmann Way, Alameda, by caring Senior Citizens, 65 years of age or older, residing in the City of Alameda, who may be living on fixed incomes, or otherwise limited financially, the Humane Society of Alameda agrees to the following:

To Pay for:

1. Licensing fee paid to the City of Alameda Animal Shelter for the adoption of any animal.
2. To pay for spaying/neutering when necessary of the adopted animal, and eligible veterinary fees when determined at the time of the free examination by the following veterinarians:

Alameda Pet Hospital, 2275 Buena Vista Avenue, Alameda, CA — 523-1626

Park Centre Animal Hospital, 1410 Everett Street, Alameda, CA — 521-1700

Providence Veterinary Hospital, 2304 Pacific Ave., Alameda, CA — 521-6608

Providence Veterinary Clinic, 1409 Webster St., Alameda, CA — 521-5775

To qualify for the Program, I agree to and promise as follows:

1. That I am at least sixty-five years of age and reside in the City of Alameda.
2. That I am able and willing to provide loving care to any animal I may adopt.
3. That I live in my own home and/or have the permission of my landlord to keep an animal in my residence.
4. That the animal I am adopting is to live in my home and is not being adopted for anyone else.
5. That should I no longer be able to care for the animal adopted, that I will either find the animal a good home or I will return the animal to the Shelter.
6. That I realize that the Humane Society of Alameda is not responsible and will not provide continuing or additional financial aid regarding any animal adopted and that I may utilize this program one time only.
7. That I agree to indemnify, release and hold the Humane Society of Alameda and the Board of Directors harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with this adoption.

NAME: _____

DATE: _____

(Signature)

Address

Telephone Number